



INSULINS PA SUMMARY

Preferred	Non-Preferred
Humalog Humalog Mix 75/25 Humalog Mix 50/50 Humulin 70/30 Humulin N Humulin R-100 Humulin R-500 Lantus Levemir	Apidra Novolin 70/30 Novolin N Novolin R Novolog Novolog Mix 70/30

LENGTH OF AUTHORIZATION: 1 year

PA CRITERIA:

- ❖ Member must have experienced ineffectiveness, allergies, contraindications, drug-drug interactions, or intolerable side effects to the therapeutically similar preferred product.

QLL CRITERIA:

- ❖ Prescriber must confirm that member's weight and daily insulin requirements justify an increased quantity. In addition, member must have had an HbA1c level measured in the past year.

EXCEPTIONS:

- ❖ Exceptions to these conditions of coverage are considered through the prior authorization process.
- ❖ The Prior Authorization process may be initiated by calling **Catamaran at 1-866-525-5827**.

PA and APPEAL PROCESS:

- ❖ For online access to the PA process, please go to www.dch.georgia.gov/prior-authorization-process-and-criteria and click on Prior Authorization (PA) Request Process Guide.

QUANTITY LEVEL LIMITATIONS:

- ❖ For online access to the current Quantity Level Limits (QLL), please go to www.mmis.georgia.gov/portal, highlight Provider Information and click on Provider Manuals. Scroll to the page with Pharmacy Services and select that manual.